

**(1) LAND OWNER** Owner Well I.D. \_\_\_\_\_  
 First Name SCOT Last Name MCCLONE  
 Company CROWN VILLA LLC  
 Address 250 NW FRANKLIN AVE  
 City BEND State OR Zip 97703

**(2) TYPE OF WORK**  New Well  Deepening  Conversion  
 Alteration (complete 2a & 10)  Abandonment (complete 5a)

**(2a) PRE-ALTERATION**  
 Dia + From To Gauge Stl Plstc Wld Thrld  
 Casing:          
 Material From To Amt sacks/lbs  
 Seal:

**(3) DRILL METHOD**  
 Rotary Air  Rotary Mud  Cable  Auger  Cable Mud  
 Reverse Rotary  Other \_\_\_\_\_

**(4) PROPOSED USE**  Domestic  Irrigation  Community  
 Industrial/ Commercial  Livestock  Dewatering  
 Thermal  Injection  Other \_\_\_\_\_

**(5) BORE HOLE CONSTRUCTION** Special Standard  (Attach copy)  
 Depth of Completed Well 600.00 ft.  
**BORE HOLE** SEAL sacks/  
 Dia From To Material From To Amt lbs  

|    |      |      |                 |   |      |            |       |
|----|------|------|-----------------|---|------|------------|-------|
| 12 | 0    | 18.5 | Bentonite Chips | 0 | 18.5 | 14         | S     |
| 8  | 18.5 | 590  |                 |   |      | Calculated | 11.94 |
| 6  | 590  | 600  |                 |   |      | Calculated |       |

How was seal placed: Method  A  B  C  D  E  
 Other POURED DRY  
 Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
 Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_  
 Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

**(5a) ABANDONMENT USING UNHYDRATED BENTONITE**  
 Proposed Amount \_\_\_\_\_ Actual Amount \_\_\_\_\_

**(6) CASING/LINER**  
 Casing Liner Dia + From To Gauge Stl Plstc Wld Thrld  

|                                     |                                     |   |                                     |     |      |      |                                     |                          |                          |                                     |                          |
|-------------------------------------|-------------------------------------|---|-------------------------------------|-----|------|------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 8 | <input checked="" type="checkbox"/> | 1.5 | 18.5 | .250 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 6 | <input type="checkbox"/>            | 0   | 590  | .188 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

 Shoe  Inside  Outside  Other Location of shoe(s) \_\_\_\_\_  
 Temp casing  Yes Dia \_\_\_\_\_ From + \_\_\_\_\_ To \_\_\_\_\_

**(7) PERFORATIONS/SCREENS**  
 Perforations Method FACTORY  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_  

| Perf/ Screen | Casing/ Liner | Dia | From | To  | Scrn/slot width | Slot length | # of slots | Tele/ pipe size |
|--------------|---------------|-----|------|-----|-----------------|-------------|------------|-----------------|
|              |               | 6   | 590  | 600 | .125            | 3           | 228        |                 |

**(8) WELL TESTS: Minimum testing time is 1 hour**  
 Pump  Bailer  Air  Flowing Artesian  

| Yield gal/min | Drawdown | Drill stem/Pump depth | Duration (hr) |
|---------------|----------|-----------------------|---------------|
| 25            |          | 600                   | 1             |

 Temperature 56 °F Lab analysis  Yes By \_\_\_\_\_  
 Water quality concerns?  Yes (describe below) TDS amount 108 ppm  

| From | To | Description | Amount | Units |
|------|----|-------------|--------|-------|
|      |    |             |        |       |

**(9) LOCATION OF WELL (legal description)**  
 County DESCHUTES Twp 18.00 S N/S Range 12.00 E E/W WM  
 Sec 16 SE 1/4 of the NW 1/4 Tax Lot 1000  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address  
 60801 BROSTER HOUSE

**(10) STATIC WATER LEVEL**  

| Existing Well / Pre-Alteration | Date       | SWL(psi) | + | SWL(ft) |
|--------------------------------|------------|----------|---|---------|
| Completed Well                 | 10/25/2017 |          |   | 490     |

 Flowing Artesian?  Dry Hole?   
 WATER BEARING ZONES Depth water was first found 490.00

| SWL Date   | From | To  | Est Flow | SWL(psi) | + | SWL(ft) |
|------------|------|-----|----------|----------|---|---------|
| 10/25/2017 | 490  | 600 | 25       |          |   | 490     |

**(11) WELL LOG** Ground Elevation \_\_\_\_\_

| Material                | From | To  |
|-------------------------|------|-----|
| SANDY PUMICE            | 0    | 4   |
| HARD GRAY LAVA          | 4    | 312 |
| BROWN LAVA              | 312  | 470 |
| HARD GRAY LAVA          | 470  | 490 |
| W/B BROKEN LAVA         | 490  | 530 |
| W/B FRACTURED GRAY LAVA | 530  | 567 |
| W/B BROKEN LAVA         | 567  | 594 |
| W/B FRACTURED GRAY LAVA | 594  | 600 |

Date Started 10/23/2017 Completed 10/25/2017

**(unbonded) Water Well Constructor Certification**  
 I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.  
 License Number 1987 Date 11/8/2017  
 Signed MATHEW ROGERS (E-filed)

**(bonded) Water Well Constructor Certification**  
 I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.  
 License Number 1720 Date 11/8/2017  
 Signed JACK ABBAS (E-filed)  
 Contact Info (optional) JACK ABBAS